

POSITION	ID NO.	DATE
CLASSIFIER	11	7/14/47
EXAMINER		
TYPIST	404	7/14/47
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

# INDEX OF CLAIMS

Claim	Final	Original	Date
1	2	3	1/13/49
2	2	3	1/13/49
3	3	4	1/13/49
4	4	5	1/13/49
5	5	6	1/13/49
6	6	7	1/13/49
7	7	8	1/13/49
8	8	9	1/13/49
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41	41	42	1/13/49
42	42	43	1/13/49
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44	44	45	1/13/49
45	45	46	1/13/49
46	46	47	1/13/49
47	47	48	1/13/49
48	48	49	1/13/49
49	49	50	1/13/49

SYMBOLS

✓ ..... Rejected

= ..... Allowed

- (Through numeral) Canceled

+ ..... Restricted

N ..... Non-elected

I ..... Interference

A ..... Appeal

O ..... Objected

Claim	Final	Original	Date
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